



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

Pat McCrory
Governor

Aldona Z. Vos, M.D.
Ambassador (Ret.)
Secretary DHHS

Dave Richard
Director

August 27, 2013

Dear Senator Berger and Representative Tillis and Secretary Vos:

The State Consumer and Family Advisory Committee (SCFAC) would like to express its gratitude for having the opportunity to provide the North Carolina Department of Health and Human Services (DHHS) and the North Carolina General Assembly with recommendations for the state's mental health, developmental disabilities, and substance abuse services system and input into matters that concern the population we represent. It has been a difficult year with budget concerns and adjustments to changes in leadership. However, there have been greater opportunities for communication that have resulted in more positive relationships with all partners in providing services to those with mental health, developmental disability and substance abuse issues. It is important this relationship continue so that we, as a Committee, can continue to perform our duties in accordance with the N.C.G.S. § 122C-171. The purpose of this report is to provide you with an overview of the responsibilities and accomplishments of SCFAC throughout this past year.

In order for the SCFAC to accomplish its statutory responsibilities each SCFAC member volunteers to participate on at least one of the task teams listed below:

1. Budget/State Plan Task Team – In addition to monitoring the State budget and plan, this team has attended Division of Mental Health, Developmental Disabilities and Substance Abuse Services' (DMH/DD/SAS) Executive Leadership Team (ELT) meetings to discuss questions representative of concerns voiced by consumers and family members affected.
2. Datacom Task Team – This is a new task team formed to address the need for prompt, efficient dissemination of information. This team is currently working to get every SCFAC member connected online using Wiggio. Wiggio is a free web-based system which will allow members to connect between meetings using internet group options to share information and continue to work together.
3. Services Task Team – This team works to help identify service gaps and underserved populations and makes recommendations regarding the service array. This team also monitors the development of additional services and participates in quality improvement measures and performance indicators.

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4. Recovery/Self Determination Task Team – This team influenced the DMH/DD/SAS Executive Leadership Team to fund the Recovery Summit. The Recovery Summit was held March 27, 2013; it was an invitation-only event. The invitees were LME-MCO staff, providers, advocates, stakeholders, consumers and family members, and DHHS staff. Of the roughly 100 individuals invited 71 attended.

The Recovery Summit began with a presentation by Harvey Rosenthal, Executive Director, New York Association of Psychiatric Rehabilitation Services, Inc., followed by time spent in five separate workgroups. Each workgroup focused on one of the topics listed below:

- Recovery Integration – Mental Health and Substance Abuse
- Recovery In Practice – Increasing Peer Support, Consumer Operated Services, and Self-Determination
- Recovery in Practice – How can Clinical Services be more Recovery Oriented
- Recovery in Policy – Managed Care How Can LME/MCO's be More Recovery Oriented
- Recovery in Policy – Developing a Mission Statement and how the State can support principles for peer-driven, recovery-oriented system: barriers and recommendations.

One of the outcomes of the Recovery Summit was that 37 individuals volunteered to participate in a Recovery Coalition. The Coalition has had two follow up meetings since March and continues to plan for future meetings and focus on how to be a strong voice for the Recovery Movement in North Carolina.

5. SCFAC/LCFAC Interface Task Team – This team receives the findings and recommendations by local CFACs regarding ways to improve the delivery of services. The team also provides technical assistance to local CFACs. By hosting six conference calls each year, the team facilitates the sharing of information in “real time” in an effort to keep Local CFACs across the state in touch with changes that are taking place. Topics included, but were not limited to updates from the Blue Ribbon Commission, the role of Peer Support Specialist going forward, updates on MCO-LME mergers and concerns relative to the merges.
6. CFAC Response Team – This team is comprised of the Chairs of the teams mentioned above and the SCFAC Chair and Vice Chair to provide a prompt means of responding to needs that arise quickly.

State Consumer and Family Advisory Committee Meetings:

The SCFAC meets six times per year bringing consumers and family members from across the State in advocacy of the population we represent. Our second meeting of State Fiscal Year 2012-2013 included a training session, on holding effective meetings, facilitated by Barbara Kunz Mgr. Workforce Development. With budgetary restraints and limited opportunities for face-to-face meetings, it was imperative that we learn to make the best possible use of our time together. We also held a retreat in conjunction with this September meeting in order to stretch our travel dollars. This retreat was held at no additional cost with members within driving distance making the extra trip and those who were present for the next days' regularly scheduled meeting pooling their per diem to cover the cost of meals for everyone.

The members of the SCFAC met the night before its January 2013 meeting to have a tour of The Healing Place located at 1251 Goode Street, Raleigh, NC; the tour was provided by Dennis Parnell, Executive Director of The Healing Place. The Healing Place is a non-profit corporation which provides recovery and rehabilitation programs for homeless men and women who have substance abuse issues. The Healing Place program is modeled after a program which came from Louisville, Kentucky; that program is a peer support model and it addresses MH and SA homelessness. The compelling direct cost and outcome numbers from Louisville were the primary reason that Wake County became interested in replication here in NC. Another primary factor in that decision was that the Louisville facility won a federal “Models that Work” award in the late 90s. The current numbers for The Healing Place of Wake County: The current fully loaded, direct cost of the Healing Place of Wake County is \$35 per person per day. The Healing Place of Wake County outcomes are 70% of our clients are clean and sober one year post discharge. The success rate climbs to 82% when clients opt into permanent housing that is either provided by or sponsored through The Healing Place. At this time they have a 70% success rate. It is reported that they receive funding from ABC Board (\$1 million per year) as well as funding from the food stamps program. SCFAC members reported on the tour that eight SCFAC members and three DMH/DD/SAS staff attended on the evening of January 9th, 2013. They expressed that it was a wonderful experience and that they would like to see this program replicated through the state of North Carolina.

SCFAC meetings have included regular updates by Jim Jarrard, former Acting Director of DMH/DD/SAS, Bill Scott, Chief of DMH/DD/SAS Resource and Regulatory Management Section, Jessica Keith, DHHS Special Advisor on the Americans With Disability Act, Ken Edminster, Housing Specialist on DMH/DD/SAS Community Policy Management Section’s Best Practice and Community Innovations Team and Emery Cowan a member of the DMH/DD/SAS Community Policy Management Section’s Best Practice and Community Innovations Team.

Guest speakers have included: Jessica Keith Special Advisor on ADA, Office of the Secretary, Barbara Kunz Mgr. Workforce Development, Ken Edminster M.A. Housing Administrator, Emery Cowan, LPC, LMHC, NCC, CESP, Kelly Crosbie Licensed Clinical Social Worker, DHHS Division of Medical Assistance, Mary Lou Sudders Independent Reviewer, Jim Jarrard, Deputy Director of DMH, Gail Cormier, Steve Jordan, former Director of DMH/DD/SAS, Bob Carey Ronnie Williams, John Harris BS, MSW QMHP CPSS-V, and Jan White, M.Ed., CBIS, TBI/FASD Program Coordinator.

Committee Workgroup Participation:

SCFAC members have actively participated on the following projects, workgroups, and committees:

- DMH/DD/SAS Executive Leadership Team
- DMH/DD/SAS External Advisory Team
- DHHS Waiver Advisory Committee

Letters of Recommendations, Expressions of Concern, and Introduction:

1. October 20, 2012 – Letter sent to Secretary Al Delia, former Secretary of DHHS, identifying several concerns for consumers and families affected by intellectual and/or developmental disabilities in North Carolina that could cause increased use of crisis services due to potential loss of consumer services and less direct guidance for families.
2. November 6, 2012 – Letter to Representative Justin Burr, Senator Ralph Hise, and the Housing Sub-Committee of the Blue Ribbon Commission on Transitions to Community Living expressing support of independent living for individuals living with mental illness, while providing necessary supports for a successful transition.
3. February 4, 2013 – Letter of introduction to Governor Pat McCrory to advise the State’s new governor of our existence and our availability for consult regarding matters relating to Mental Health, Developmental Disability, and Substance Abuse Services.
4. May 13, 2013 – Letter expressing opposition to Senate Bill 668 that would not permit NC citizens the right to vote based on having been declared “mentally incompetent”.

The SCFAC members would like to personally thank Stuart Berde, Chief of DMH/DD/SAS Advocacy and Customer Service Section, and his staff for their outstanding support. Without their assistance we would not be able to achieve our goals in a timely manner and function as an advisory group. Many of us on the SCFAC are also members of our local CFAC and recognize the contributions of the members of the Consumer Empowerment Team who attend meetings and provide regular updates, training, information and resources for all CFACs.

The SCFAC is comprised of an extremely dedicated group of consumers and family members who participate as active members. Their passionate advocacy is appreciated. We also want to recognize the participation of the local CFAC members and other guests who regularly attend our meetings and keep us abreast of the issues at the local level by speaking during public comment time.

Respectfully submitted,

Sue Guy

Sue Guy, Chair
State CFAC

cc: North Carolina General Assembly
Legislative Library
State CFAC Appointing Authorities
DMH/DD/SAS Executive Leadership Team